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Exploring Rehabilitation ★ Special Education Relationships

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Implications for Teacher Preparation in the West

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EXPLORING
REHABILITATION—SPECIAL EDUCATION
RELATIONSHIPS

Selected papers of a Special Education and Rehabilitation Institute held at Phoenix, Arizona, March 11-12, 1968

Edited by
Dr. Gene Hensley
and
Dorothy P. Buck

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Western Interstate Commission for Higher Education
University East Campus Boulder, Colorado 80302

May, 1968

PREFACE

The Western Interstate Commission for Higher Education has long been interested in problems relating to special education and rehabilitation. WICHE's Special Education and Rehabilitation Program has conducted studies, seminars, and conferences which relate to problems in both of these fields. This project is one of several mental health and related programs which are designed to assist people of the West in cooperating on manpower problems, education, and research.

Programs of special education and rehabilitation have expanded during the last few years. Numerous changes have occurred in services and in the preparation of professional personnel. There has been an increase in the frequency and variety of professional contacts which regularly occur among special education and rehabilitation personnel in schools, agencies, and institutions, and there continues to be a need for increased understanding of respective roles and responsibilities.

An important facet of the cooperative responsibilities of special education and rehabilitation has to do with the nature of professional perparation, and the process whereby special education and rehabilitation workers become knowledgeable of problems, methods, and resources in each field.

The institute which produced these proceedings was concerned with exploring rehabilitation-special education relationships and was one of a series of efforts to stimulate cooperative relationships at all levels. The papers contained herein offer many provocative ideas which may serve to stimulate others to give further attention to interdisciplinary service and training.

Acknowledgements are due Dorothy Carr, Larry Faas, Daniel McAlees, W. Alfred McCauley, and William Younie for their comprehensive papers and presentations, and to all conference participants for their outstanding verbal contributions.

Gene Hensley, Ph.D.
Director

Special Education and Rehabilitation
Programs

Western Interstate Commission
for Higher Education

Boulder, Colorado
April, 1968

CONTENTS

Preface iii

New Directions in Special Education and Rehabilitation Relationships 1
W. Alfred McCauley

Rehabilitation-Special Education at the Public Schools 11
Dr. Dorothy B. Carr

Rehabilitation—Special Education at the Training Level 17
Dr. Daniel McAlees

Content of Special Education Methods Courses—Rehabilitation or Habitation? 27
Dr. Larry Faas

NEW DIRECTIONS IN SPECIAL EDUCATION AND REHABILITATION RELATIONSHIPS

W. Alfred McCauley
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As we look at the problems before us in special education and rehabilitation today, it might be helpful if we look at the state of the "art of helping people." What is behind the great social revolution around us, and why have we failed to respond to the increasing needs of people with problems?

Some say that society is more complex, and people with marginal skills cannot cope with this complexity. Some say that the political organization and its forces have supported the economic directions of our culture for the masses at the expense of the individual. Some say that our sociology is mechanistic in its approach to studying man and has given us the great statistic as the bureaucratic symbol of the efficacy of our service. Others say that the changing nature of employment is the problem. Still others say other issues are responsible. What is the "state of the art"?

The Evolution of Social Service Systems

Social service systems have evolved out of times of great need for the masses, and some professionals have built them, primarily with the support of politicians who were guided by the professionals. The professionals determined the rules and regulations of the systems, and administrative personnel among them shaped the arenas for practice. Whole rationales and theories based upon professionally interpreted values, without much supporting research for new knowledge, became the basis for organizing knowledge for professional preparation.

System and professional "fixes" became exclusive in orientation to serving people rather than inclusive. Social work in its current image is suffering as a result of its "fix problem" in the administration of social welfare. Education is suffering in its image because it organized its approaches to teaching the masses at the exclusion of individuals with learning problems. Psychology has suffered some image damage because it shifted to the scientific model and became more concerned with experimentation in isolated behavioral components at the expense of seeking to understand the interrelation of variables which make up the uniqueness of man as a creature, the only creature with a sense of self.

Sociology got hooked on the survey method and statistical approach to determining normalcy and abnormality of man. Medicine has become so specialized that it seems incapable of treating the whole man or maintaining its quality of practice while improving the health of our society. In other words, disabled persons have fallen out of or between our inadequate service systems and exclusiveness in professional practice.

Of course, there are other factors that support the challenges to the art of helping. Vast numbers of people are learning "that they are individual, unique in the world in spite of the projections of what their parents, their teachers, their employers, and politicians thought they ought to be." (See reference 3.) People are learning that they ought to be allowed to function and grow as authenic persons, with dignity, worth, and individual uniqueness. Men are increasingly demanding that their essential human nature be recognized and fulfilled.

Rather than go on, perhaps I can quickly summarize the challenge to the state of the art by a quotation from Lionell Trilling, "Some paradox of our nature, leads us, when once we have made our fellow man the object of our enlightened interest, to go on to make them the objects of our pity, then of our wisdom, and ultimately, of our coercion." (See reference 1.)

Rehabilitation—Concept and Philosophy

Let us turn now to rehabilitation, its meaning and rationale for serving people, disabled people with which all of us are concerned in our practice. As defined in 1942 by the National Council on Rehabilitation, "Rehabilitation is the restoration of the handicapped to the fullest physical, mental, social, vocational, and economic usefulness of which they are capable." (See reference 2.)

This definition has guided the development and practice of rehabilitation since 1942. It has accommodated the administrative structure of vocational rehabilitation with the goals of physical and social restoration supporting the *work* as the primary objective for our practice within it. It was goal-oriented, and rehabilitation is goal-oriented as well as action-oriented in its essential operational character.

We now, however, find ourselves in need of a new definition if we are to respond to the needs of the broadening target populations now said to be in need of rehabilitation.

We served the physically handicapped; we later extended the target population to include the mentally retarded and the emotionally disturbed. Now we have broadened our target to include the socially deprived. Pressures are on us to also include the disemployed. There needs to be a focus on upward mobility potential with alternative choices for clientele.

My colleague, Alvin D. Puth, assistant director of the National Rehabilitation Association, and perhaps the best theorctician in our field, says it is now time to have a new definition of rehabilitation—a process-oriented one. He believes that our task in rehabilitation is to refunction disfunctioned people for life and living and that our objectives are to give disfunctioned man "increased capacity for survival, for leaving progeny, and for self-realization." (See reference 4.) He feels that there has been a limited appreciation of the complex, multifaceted but integrated nature of man that must be understood and accommodated in new or revised social systems and professional practice. He fears that developed disciplines and professions, by their very nature, are narrow in their perception and compre-

hension of disabled man and are, therefore, limited in their real identification with him and his needs." (See reference 5.)

The rehabilitation process and a process-oriented rationale must accommodate "an understanding of the nature of and need for truly interdependent services, which we have to call rehabilitation," to quote Puth further, "and the rules and regulations in all professional practice, facility building, programming, administration, etc., are to be found in *one* and *only one* place and that is in the nature of disabled man and the interdependent problems of his disfunctioning and the interdependent solutions to his refunctioning. He and his nature, *not we*, will inevitably dictate what is to come, i.e., how knowledge must be arranged, how professions must eventually practice, and how programs of services must be inevitably organized." (See reference 6.)

The unique aspects of rehabilitation are the comprehensiveness of diagnosis and services, the integration and coalescence of services and the individuation of services. It is action-oriented in its essential process in which the complex of problems of a unique individual dictates the nature and scope of service and practice by the problems he presents.

Rehabilitation philosophy requires us to deal with the reality of the disabled individual rather than from the practice of idiosyncratic bases in systems and professional biases. This reality of the disabled cannot be understood by standing him against the norm which sociology has forced us to use as our measure of his pathology. Rather, we must understand his wellness, his strengths, and seek to extend these as they represent his efforts at adaptation. When we respond to his pathology, we reinforce his self-perceptions of unwellness or disfunctioning. When we respond to his wellness as a frame of reference for practice and social system organization, we respond to his essential uniqueness as a functioning human being. It is like being presented with a glass half filled with water; is it half-full or is it half-empty? The perception depends upon who is giving and who is receiving the water.

This concept requires that "we recognize the resentful feelings among people toward the existing bureaucracies for homogenizing them, and the feel of the loss of esteem" generated by our mechanistic sociological processes for attacking their problems. (See reference 3.) Such bureaucratic behaviors tend to cause professionals to develop stereotypes to characterize the problems of the blind, the mentally retarded, the alcoholic, the penal offenders, etc., based upon the collection of social data and interpreted as "social pathology" or "disorganization." In other words, we see the individual from a systems point of view and set the expectations for his response. When he fails us, we call him unmotivated, hard to reach, hard core, and not deserving. We tend to create our heaven and play "god" in all our bureaucratic omnipotence. The rehabilitation concept challenges us to take our cues more from the client as to what *his* heaven is like and to play less than "god" in our response to him.

Rehabilitation, we believe, is the concept that responds to individuation and requires that we get new insights and the increased power of prediction

which such insight confers. It demands the integration of knowledge from classical biology, humanistic psychology, existential theology, and a humanistic sociology, if we can develop such a sociology, for the total basis of knowledge we need to carry out our task.

Rehabilitation—A Mandate for Service

The recent reorganization of the U.S. Department of Health, Education, and Welfare to bring public welfare, vocational rehabilitation, crippled children services, services for the aging, and services for the mentally retarded under one administrative head was a recognition by Secretary Gardner and President Johnson and their advisers that old independent systems were not working adequately to attack and meet the problems of people in need. It was also a recognition that the rehabilitation concept and philosophy as projected to serving the whole man through comprehensive, integrated, and individualized services of these systems, was the only alternative.

Secretary Gardner, in commenting on the new organizational structure said, about rehabilitation (See reference 1):

> I use the word in its broadest sense. By rehabilitation I mean giving people the chance and challenge to make the most of their talents and their lives and to find personal satisfaction and fulfillment through participation, to live their lives with some measure of dignity. . . . The states will be required to develop a comprehensive plan for each family and review it frequently. . . . The comprehensive plan drawn up for each family would be based upon an evaluation of the potentialities for employment of family members over 16 who are not in school, the health and educational and training need they might have, and the welfare of the children. . . . To achieve the best potential for such a program will require mobilization of public understanding and support far beyond anything we have attempted so far.

We have also seen Undersecretary Wilbur Cohen, a stanch advocate for the public welfare concept for meeting the needs of disadvantaged people, embrace the rehabilitation concept and throw his whole support behind it as the best approach to serving people in need.

We have seen Congress, in passage of Public Law 89-333 in November 1965, express its support for the rehabilitation concept by providing a new base for joint federal-state financing with tremendously increased appropriation. It liberalized public support to private rehabilitation programs and facilities so that now, for all practical purposes, the great funding program for rehabilitation has almost an entirely public base, and it will grow larger. This growth has moved from a federal appropriation base of approximately $17 million in 1953 to $400 million in 1968 and to a half-billion dollars in 1970. In 17 years we see more than a 29-fold in growth just for the services support program.

Support to innovative projects this year is at $9 million. Research, training, and expansion grants are at $117 million alone.

The law provided public funding support to voluntary agencies for acquiring buildings, land, new construction, expansion, remodeling, initial equipment, and initial staffing for rehabilitation facilities under private administrative auspices.

The law also provided for support to training rehabilitation clientele in such facilities on a contract basis with a matching funding ratio of 90 percent federal dollars to 10 percent state dollars.

The law provided for statewide planning for rehabilitation services to undergird an orderly development of vocational rehabilitation service in states, toward the goal of serving all the disabled by 1975.

The law authorized federal support for professional training for rehabilitation professionals in medicine, psychology, social work, rehabilitation counseling, and many other fields for as much as four years of training mostly at the graduate level.

The law deleted the federal requirement for demonstration of economic need as a basis to receive rehabilitation services and which was a factor in eligibility up to this time. These are but a few of many authorizations aimed at broadening the base and scope of rehabilitation services.

The National Rehabilitation Association, in which my own professional association is based, had great impact in bringing about the above changes in the law. It was able to do things in support of essential revision of the law that could not easily be done within the power of the national administration in its relation to Congress.

Already new legislation is being drafted to be introduced in Congress through advisement of NRA and its constituent affiliates and divisions. If passed, the 1968 amendments will be equally or more far reaching than these of 1965 which I have just reviewed.

Recommended legislation would empower the secretary of HEW to designate certain classes of handicapped people who would be eligible for vocational rehabilitation services by virtue of the nature of their disability.

The definition of rehabilitation services would be broadened to include anything that is required to help an individual rehabilitate himself. This new definition would include services necessary to maintain a handicapped person in employment after he has been rehabilitated or to continuously upgrade his skills as necessary to keep him employed.

The definition would permit expenditures for rehabilitation services for family members when necessary to assure rehabilitation of the handicapped individual.

The definition of rehabilitation services would include services that are not related directly to the individual client's plan, such as removal of architectural barriers in home, school, or institution; or to finance a program for a disability group rather than an individual.

The recommended legislation would allow rehabilitation agencies to make available their services to persons who are not their clients but who

need some services to enhance their total potential and to be purchased by the non-rehabilitation agency.

The recommendations will provide for services to aging and older people whose productive years as employees are over but who need to live more constructive and satisfying lives.

These recommendations include the development of joint programs for rehabilitation of offenders not only in penal institutions but also for those under the jurisdiction of the courts on probation.

These recommendations would allow public rehabilitation agencies to spend a fixed percentage of their service funds for the further construction of rehabilitation facilities. They include also a program of training allowances for all rehabilitation clients irrespective of where they are receiving training.

These recommendations include one which would authorize the secretary of HEW to make a study of the needs for a permanent subsidy for workshops offering extended employment for disabled persons certified as not being capable of full-time competitive employment.

These recommendations support appropriation authority for $700 million for 1971, $800 million for $1972, and $1 billion for 1973. These don't exhaust all of the recommendations but merely reflect my prediction that, if passed, they will have greater impact for rehabilitation than the amendment of 1965.

What then are the Trends for Interrelations in Systems and Practice?

At this point I know some things for certain that emnate from the incorporation of the rehabilitation model for service and the acceptance of the individuation, integration, and comprehensiveness of diagnosis of problems and of the services to ameliorate them. Other things I see in my crystal ball. Still others I can only speculate about in the shaping of things to come. What are they?

1. There will be integration of administration of systems designed to serve the disabled in terms of new definitions of disability and this through legal sanction. State governments are already studying and implementing the federal model. The bureaucrats are already girding for battle to maintain the integrity of their own system, and threatened professionals are helping them in order to impose their concept upon the rehabilitation system.

2. Rehabilitation services will have a family focus in application while serving the disabled individual. This means that *family* problem diagnosis and service planning will always be a part of the service plan for the *individual*. This also means that we will take services to the locale of people. Schools may well become the locale for the rehabilitation team.

3. There will be required to be developed the necessary collaborative schemes among institutions, systems, and professionals to undergird the broad scope of service needed by some clients. There will have to be team effort

in fact rather than just in name. An input in one aspect of a client's life will have outcome in some other important aspect. Team members will have to have an acquaintance with the underlying rationales, theories, and vocabularies of other members in order to be most responsive in their dialogues and support to practices. The role of a team coordinator will become one of the most important new jobs in this team complex. The current rehabilitation counselor may need a new name, perhaps "rehabilitator," and become a team facilitator in every sense of the word as well as a systems integrator. This role will have more prestige as its impact is felt. The focus of his role will be to obtain comprehensive diagnosis of problems of the client, a discriminating selection and timing of services, and a continuing counseling relationship with the client and the collaterals working with him in the process. Maintaining a frame of reference of wellness or strengths will be his orientation to team practice.

4. All professions will need to incorporate curriculum content and training experiences in the rehabilitation process and concepts. The physician, the social worker, the psychologist, the educator, and all the supporting therapists, as well as aides and volunteers, will need understanding and a supporting set of attitudes to participate in this process.

5. Sharing the client among professionals, with mutual trust that the contribution of others will be to total goals agreed upon by all with the client, will replace the traditional shielding and protective behaviors of professionals that have characterized all our practice when a client comes within our domain. Some of us have even been accused of fomenting dependency in clients by our protective behavior in practice. This will have to go, if we have been guilty of such behavior.

6. We shall have to accept the premise that our insights and skills will have derived more from the nature of handicapping conditions in the reality of disabled persons than from the legalistic or system structure from which we may get our pay and other rewards. Too many professionals succumb to the seductions of systems and take on their orientation instead of maintaining an orientation to the peculiarly disabled person whom they are employed to serve.

7. A new terminology will have to be developed, perhaps a new applied science. Predictability will become the concept to replace feasibility. It will be based more upon scientific data and procedures for obtaining them than upon the subjective perceptions and some current biases of professionals. This new terminology will tend to help team members communicate more readily with understanding and may require some reorganization of knowledges from all our fields.

8. Professionals will have to accommodate to and validly use support personnel in the rehabilitation process. Aides and volunteers, both collectively in manpower concerns and individually, in service roles, will have to be used in the rehabilitation process to extend the hands, the skills, and outreach of professionals. Accommodation of such aides in in-service training schemes, career designations, and opportunities for advancement to semiprofessional and professional roles will have to be accomplished. Professional organiza-

tions will have to consider accommodating them in their membership structure to give them identity within professional practice and social acceptance. We will likely use disabled persons as aides when rehabilitated.

9. Group methods and process will be tested, shaped, and utilized with clients in order to extend the manpower potential in service personnel. The psychomedical model of service in the one-to-one relationship will not serve enough people. There may be both clientele and process classification schemes that will use the group methodology as the more appropriate technique. Professionals will need "encounter" or "sensitivity training" to make them more sensitive to the group and individual relationships with clients and in facilitating team efforts.

10. Client self-help groups will be developed and have professional consultants bringing to them new knowledge from allied social and economic systems in order to assist them to become more familiar with their environment and its demands, and in order to manipulate it for improved function. We shall expose our clientele to more community experience by organized approaches with community involvement.

11. There will become greater emphasis on preventive rehabilitation since the rehabilitation concept and practice will get at disability earlier. We will become concerned with preventive measures such as safety standards, earlier case-finding, diagnosis and treatment, improved prenatal care, family planning, and application of research. Professional and service associations will become more concerned about such items which are now somewhat peripheral to their primary interests.

12. Rehabilitation will focus more on life and living as its absolutes rather than on vocation. This is not to say that vocation is still not a goal of rehabilitation, but rather with reduced primacy except for those adults who can be made employable to enhance life and living.

13. Clients will become more actively involved in decision-making and goal selection and in the rehabilitation process in general. Professionals will not talk and plan *about* them but *with* them. Clients will become more informed about the rehabilitation process and will have increased motivation to participate. Since motivation is learned, they will have to be kept better informed about the process.

14. Economic eligibility for rehabilitation services will slowly be removed as we move rehabilitation from a middle class value set toward both class extremes in outreach to disabled populations, the low income class as well as the upper middle class and above. As we move toward social service capability for all the handicapped, rehabilitation will become a *right* by virtue of disability, not a *privilege* to be extended or withdrawn by systems as is now the case.

15. New models for client-learning in adaptation to physical refunctioning, social refunctioning, and vocational refunctioning will be sought. Refunctioning in this context includes the new models for educating the disabled child as well as the aging person. The challenge to special education and education in general will be to discover and apply individuation in

educational models for disabled clientele. Its models are still too much oriented to training the masses.

Summary

We have taken a peek at the state of the art in helping people and found it wanting. The recipients of our services are crying out the loudest that our service systems and professional behaviors are inadequate.

We have explored the rehabilitation concept and philosophy and found that they demand and supply the rationale for comprehensiveness of service, integration of service, and individuation of service, and are requiring new models of professional practice, new insights, and new skills among all professions.

We have explored the mandate for rehabilitation as supported by Congress and approached by the President in reorganizing HEW. We have also looked at projections to enlarge the mandate by additional legislation in support of broadening the scope of clientele to be served and the services for them.

Finally, we have projected the trends, some more than trends, some just on the horizon, and perhaps some to be only imagined at this time.

The reality of the disabled is our reason for being and the justification for our deliberation, in this conference.

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REHABILITATION AND THE SPECIAL EDUCATOR IN THE PUBLIC SCHOOLS

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You probably have heard the story of the blind men who were asked to describe an elephant. As the story went, each man's description of the animal was based upon the area he had felt. Since they had not felt the same area, their descriptions of the elephant were different.

Both rehabilitation and special education personnel frequently work with the same young person; yet, these specialties may describe him very differently. Still, how different, really, are the following two descriptions of objectives relating to the above-mentioned young person?

Common Objectives

Walter L. Case, executive vice-president of Long Beach, California, Goodwill Industries, in a recent publication, stated:

> Rehabilitation means to bring a person to his highest potential. To some, this might be ability to take care of themselves, but never to enter the employee class. To others, it is the ability to work in a sheltered workshop, but never at the speed of modern industry. To others, it is a workshop experience and then outside employment. We take persons who may never have worked and we teach them good work habits along with the ability to get along with others. Sometimes they receive special training, too.[1]

Dr. Ernest P. Willenberg, director of special education for the Los Angeles City Schools, has stated:

> The single purpose of special education is to prevent children from being lost in education because they don't happen to fit into the scheme of the program for regular children. In this scheme we are trouble-shooters until once again they can return into the normal stream. We want to assure every child that we are just as concerned with his education and development as we are other children who are more fortunate intellectually and physically. We wish to assure them of our regard and esteem for them, of their worthiness as individuals, and of their rights as citizens to the advantages of their heritage.[2]

Are these descriptions of rehabilitation and special education objectives for handicapped young people noticeably different? No, I think we detect objectives in common. Yet, how *aware* are we of these common objectives?

I would like to present two questions and to stimulate some thinking concerning them.

1. What is a good approach to a study of the best way to meet the common objectives of rehabilitation and special education for handicapped youngsters?
2. What must counselors know as they prepare to work with handicapped youngsters in public schools?

We can not, and should not, separate the objectives of special education and rehabilitation for the handicapped. Together these specialties can accomplish what neither can provide alone. The meeting of the needs of the handicapped child should begin at his birth and should continue until his death. Ideally, both rehabilitation and special education should be involved as early as is feasible and should function together in an inter-disciplinary plan to meet such needs most effectively without duplication of efforts or presence of gaps in the services. We still are in the beginning stages in developing such coordinated plans.

The Need for Coordinated Plans

An illustrated framework to organize such plans could be helpful. It is usable equally for either long-range or short-range planning, for large program or individual pupil planning, for rehabilitation and/or special education planning.

Such a framework suggests that data be collected. Answers should be developed for questions such as the following:

1. What is known about the handicapped youngster(s) that are to be helped?

2. What do experts say about the subject?

3. Are there national, state, and/or local statistics concerning the characteristics of their category of handicap, types of employment experiences, etc.?

4. What are the community attitudes toward the handicapped?

Communities vary greatly in acceptance of the handicapped. In some areas parents of a handicapped child still are perceived as having committed a sin and now must pay for their wrongdoing by rearing a handicapped child. Such a community believes they still should punish the parents. In other communities a Spartan concept prevails: only the fittest should survive; don't do anything for the less able. A third community attitude is over-sympathy toward the handicapped. Such a community seeks to provide everything for handicapped persons, rather than helping them to help themselves. Variations in degrees of these attitudes strongly influence the extent to which the handicapped can be absorbed into the community and into the world of work.

When gathering data about children such as categorical characteristics, employment practices, etc., the researcher finds that some areas have much

information available, while in other areas there is an extreme paucity of such information. Much research in rehabilitation and special education still needs to be done.

Tentative specific objectives can be established based on data gathered. Our philosophy about the handicapped properly will be reflected in program plans. For example, do we believe in the worth and dignity of each individual and in his right to the advantage of his heritage, or do we believe we should concentrate our efforts only with those youngsters who will show the best results? There could be a conference on this question alone.

It also is necessary to become better acquainted with the ways people learn. For example, how do *you* learn best—by what you hear, see, or actually do, or by a combination of these? Also important is knowledge of what re-enforcement motivates a young person to accomplish stated objectives.

When tentative objectives have been screened in relation to our philosophy and to these modalities of learning, it is possible to develop more realistic objectives for these young people.

At this point let us examine the last step of the framework. If we can state objectives in terms that can be evaluated objectively, we are more likely to be able to assess whether such objectives actually have been attained. But first we must do some thinking. What is success for the handicapped? How do we know when they are successful? Is competitive employment the goal for all? How do we help others find success?

Questions We Need to Answer

Prior to implementation of a plan to meet these objectives, it is important to have knowledge of where the young person is now. What are his abilities? How well does he achieve? What are his interests and attitudes about himself and others? By having this information about his present status, we can more accurately determine what he accomplishes in the planned program.

There is need to study what opportunities are available, such as work-books, books, field trips, sheltered workshops, and on-campus and off-campus work experience opportunities.

Then, and only then, should planning of the actual program begin. If our objective is to help the young person find his place in the society in which he lives and make a contribution to that community to the extent that he is able, we must begin with the person at the young adult level and look back to when he would have benefited most from presentation of certain concepts and experiences. For example, development of ability to follow directions should begin in the earliest school years and continue throughout formal education, but a study of the variety of job opportunities in a specific field may be delayed until the person nears the end of his public school education. At the same time consideration must be given to sequencing instructional concepts and experiences from the simpler to the more complex approaches in the areas considered important. It is especially helpful if

important concepts can be re-enforced in many activities simultaneously; e.g., responsibility, listening, following directions, and speaking correctly.

After the program is implemented, changes should be made on a basis of regular evaluation in order to develop the most effective program.

Thus, I have proposed a systematic way of planning a complete program to meet the rehabilitation and special education needs of handicapped youngsters.

The Needs of Counselors in Training

Specifically, what information is needed by planners of training programs for vocational counselors who work with handicapped youngsters in the public schools?

1. Counselors in training need "planned" experiences with children, through scouting programs, camping, recreation and playground jobs, etc.

2. There is need for such counselors to be oriented to the organization of public education, through both line and staff relationships, as well as the organization of an individual school. Availability of information about types of programs offered in school programs and their implication for the counselor also is important.

3. Appropriate behavior in the school should be discussed; for example, smoking regulations, protocol of contacting the main office first upon arrival, and to whom information, either written or verbal, is released.

4. Understanding of human relations, developed through some type of sensitivity training program, would be an invaluable aid to the counselor as he attempts to achieve his objectives.

5. Development of procedures for communication, channels of communication, and emphasis on responsibility of keeping appropriate persons informed also are important.

6. Techniques for parent education are important to help parents understand their role in rehabilitation and special education.

7. In the past, department of vocational rehabilitation counselors generally did not begin vocational planning for students while they were in school. However, it is apparent that there is value in an inter-disciplinary effort for coordinated planning to meet objectives of both specialties while the young people still are in school. Mastery of techniques of working together should be part of the counselor's preparation.

The Importance of Cooperation

Whether young handicapped adults will end up in the labor market, in protective custody, on welfare, or in institutions may be to some degree a reflection of the success of our cooperative efforts. The greater skills and social demands placed upon persons to live in the community are becoming even more difficult for the handicapped person to meet. Needed services

and housing also are hard to obtain. Problems of transportation, consumer buying, insurance, tax computation, and legal amendments, when faced without assistance, constitute insurmountable obstacles.

Wayne Campbell, consultant to the State Department of Education in California, when studying workshop programs for the handicapped, stated that there is a tragic loss to society of both human dignity and human resources if these young people are not helped. If the person is not helped, the cost of many additional needed services often exceeds family financial capacity.

Many committees, boards, and commissions such as the one sponsoring this conference are seriously concerned about the future socioeconomic impact of the handicapped if these problems cannot be resolved. Mr. Campbell stated:

> We can't fiscally, ethically, or morally permit any person or group of persons to block immediate implementation of a realistic, functional, vocational community living centered program . . . jointly developed by all agencies concerned with the handicapped . . . toward productive, participating citizenship.[3]

Our chain of effort will be only as strong as the weakest link. Let us keep that chain a solid one.

[1]Walter L. Case, "Let's Talk it Over," *Goodwill Industries Newsletter*, January-March, 1968 (Long Beach, Calif., 1968), p. 4.

[2]Ernest Willenberg, "Promises to Keep and Miles to Go." An address given before the California Administrators of Special Education at the annual meeting of the California State Federation on the Council for Exceptional Children, Fresno, Calif., May 11, 1966.

[3]L. Wayne Campbell, "Preliminary Report on Cooperative Programs from the Department of Education," a supplement to *Preliminary Evaluation of California's Rehabilitation Cooperative School Program* (California State Department of Education) (Sacramento, January 1968), p. 6.

REHABILITATION-SPECIAL EDUCATION AT THE TRAINING LEVEL

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I will not attempt to set forth a rigid pattern for the organization of rehabilitation counselor course work for preparing special education teachers. To do so would most certainly be hazardous in view of our limited state of knowledge in this area and the great variations in local program organization and available resources. I will deal, rather, with general principles which have to be considered and problems which must be resolved in developing any such program at the local level.

The views expressed here are submitted for consideration, not necessarily for acceptance.

Introduction

Special education and vocational rehabilitation have been separate and independent movements in the United States. Although they share common goals and frequently serve the same individuals, programs in special education and rehabilitation usually are separate and discrete rather than coordinated, unified programs of services for individuals. Due to this lack of coordination between the two programs, occasionally some services are duplicated while other needed services are not always provided.

Recent trends in both special education and vocational rehabilitation have brought about a greater mutual understanding of the services and limitations of each of these programs. Some of the trends are, for example, greater emphasis on career planning at an early age; the development and utilization of vocationally-oriented materials in special education classes; the participation of the teacher in helping to prepare the person for a job; teachers' referral of potential candidates to vocational rehabilitation; teachers' provision of personal and educational data for the counselor; counselors' participation in program planning for individuals while in school; establishment of cooperative programs for groups, between vocational rehabilitation and public schools; vocational rehabilitation emphasizing working with young persons while they are still in school; and vocational rehabilitation expansion of services to include less severely disabled persons. Those trends represent some of the probable reasons special education and rehabilitation have been drawn closer together in recent years, and point to directions for teacher preparation at the college and university levels.

Ideally, a cooperative working arrangement should exist at all levels between special education and vocational rehabilitation. This includes state directors, supervisors, teachers, counselors, and coordinators of university educational programs. The purpose of this institute is to offer an opportunity

for sharing ideas and planning some guidelines which might facilitate better communication, understanding, and cooperation between training programs and among the individuals in the extremely important role of providing services to disabled youth.

To accomplish our goal, we must be willing to examine our administrative organization of training programs, our program differentiation, and our individual preoccupation with our historical development as specialized departments and functionaries. Some of the old wine skins just may not hold the new wine and, rather than burst them and lose the good wine they now hold, we'd better start constructing new skins to accommodate these new demands. We also must be willing to seek with open minds new ways of coordinating and integrating our somewhat separate services without losing sight of the particularized aspects of our specialties.

It is my belief that the increase in demand for our services will, for the foreseeable future, outpace our capacity to enlarge staffs and facilities. More succinctly, I suggest that in expanding our services, we strive for: (1) specialization without segmentation, (2) multiplication without duplication, and (3) coordination without regimentation. Through these modifications and programming, we should be able to make maximum use of staff and funds without endangering the essential economy of any group or inhibiting freedom of professional practice. It seems to me that we have to avoid establishing monopolies in our specialization and to prevent falling victim to empire-building at the expense of cooperative effort. We must adhere to our fundamental principle that the welfare of the individual person we serve is our primary and singular objective. Without this, the disabled person and society would both be impoverished in human resources and personal dignity of social worth.

One of the prerequisites for continued development of both special education and rehabilitation is that we take nothing for granted, that nothing is unquestionable, that nothing can be left unexplored.

Relationship Between Special Education and Rehabilitation

It is my belief that the placement of the special education student into suitable employment is the ultimate objective of the special education teacher's and vocational rehabilitation counselor's efforts. Its successful achievement is the foundation of the "more useful, productive, and happy life," the end result of the special education and rehabilitation process.

There is no doubt that the placement of the handicapped into suitable employment is one of the most challenging aspects of the special education teacher's and vocational rehabilitation counselor's work. However, we are convinced that, with the provision of special and professional skilled assistance and services, many disabled persons may become personally and socially well adjusted and contributing members of society. All services provided by special education and vocational rehabilitation should lead ultimately to vocational placement and adjustment. Final work placement becomes the criterion for considering the validity of the services provided, and we're just in the

beginning phases of determining what training is required to accomplish this task.

Although the disabled have been with us as long as civilization, the development of a community program for them is one of recent times. The program of special education had its beginning just before the turn of the century, about 75 years ago. With the enactment of Public Law 113, in 1943, the mentally retarded became eligible for vocational rehabilitation services on the same basis as other disabled persons. The inception of the National Association for Retarded Children in 1950 in Grand Rapids, just 18 years ago, signaled a movement of parents and citizens who were resolved to form a private national group to further the welfare of the retarded, their families, and friends. Within this relatively brief period of time, real progress has been made. Nevertheless a meeting such as ours signifies a healthy attitude of constructive dissatisfaction with the current level and quality of efforts to meet the complex needs of the disabled. The fields of special education and vocational rehabilitation are fruitful major avenues for the stimulation of progress in work with the youthful disabled for two major reasons. First, many disabilities, such as mental retardation, usually appear in childhood, highlighting the importance of education as a program of individual development. Second, the crucial years of early adulthood will set the pattern of adult living, highlighting the importance for vocational rehabilitation to help the disabled make the transition from school to work and adult living. Although the program is called "vocational rehabilitation," it believes completely in the significance of "habilitation." The difference in words should present no difference in meaning either to education or vocational rehabilitation.

The preparation of disabled youth for vocational adjustment is an extensive undertaking both in terms of time and subject matter. Implicitly, preparation begins in the child's preschool years where the family and the community can exert a critical influence on his intellectual and personality development. It is during the child's school years, however, that he is introduced to the complex elements involved in socioоccupational adjustment.

Although consideration of the total school curriculum for the handicapped does not fall within the scope of the present conference, it is recognized that the major focus of the school program is on preparation for life in the family and community. Consequently, there are many aspects of the curriculum other than direct work-training and experience which must be understood by the teacher in a training institution.

Ideally a teacher will be taught to realize the preparation for social and vocational adjustment begins and continues from the day the child first enters school. Helping the primary-level child to understand the "whys and wherefores" of getting to school on time, for example, is a first step in the development of the concept of punctuality as an obligation of an employee to an employer. By continuously interpreting the social implications of school learnings and activities and by adjusting the curriculum as changes in social conditions dictate, the elementary special education teacher can help set the stage for ultimate placement of the individual into employment.

Thus, the special education teacher must recognize the fact that, throughout the school years, preparation for employment should be considered one of several major objectives in curriculum building. The Detroit Curriculum Guide, for example, makes it one of four major areas in living. In practice it is, of course, not possible to keep the activities aimed at these various objectives entirely separate. The area, democratic group living, has implications for vocational rehabilitation and also for special education. Nevertheless, thinking of vocational preparation as one of a group of major objectives will have the effect of helping to maintain an adequate balance of curricular offerings of the school. It will also alert the teacher to the possibilities that lie in the interrelation of the various objectives. This still makes it possible to shift the emphasis as the child progresses, while retaining the balance that is essential.

Experience has demonstrated job failure to be as much a function of difficulty in the ancillary adjustment to the job as inability to perform the manual skills required by the job itself. Special education teachers at the secondary school age level are therefore finding it possible and profitable to include in the curriculum such items as: units on health and safety; social development and adjustment; personal grooming; family living; community living; and occupational information and requirements. The integrated secondary school programs being developed by many committees are, in great measure, based on the needs of handicapped students for interpersonal experience with the normal peers who will later become their coworkers and supervisors.

Special education teachers are being expected to provide training in the accessory vocational skills through a unit or course which may be entitled occupations, vocations, or employment. An example at Colorado State College is one which prepares the special education teacher to include a unit on employment in which the student learns about the qualities of a good worker, requirements for work permits, how to complete various kinds of employment applications, characteristics of various job areas, qualifications for jobs available in the community, problems and laws regarding wages, what deductions are made from wages and why, responsibilities of both worker and employer, and health and safety factors in employment. In addition, the teacher is prepared to assist the student in a self-evaluation of vocational goals and to provide practice in job interviewing. They (the teachers) are shown how formal classroom instruction can be supplemented by role playing, by tours of businesses and industries where students may be employed, and by visits to employment and other community agencies. Much of this material could be classified as "rehabilitation content" and demonstrates the need for training in this area at the college and university level.

In the later years of the student's school career, the Department of Rehabilitation, which is more directly in contact with the labor market and the complex problems of employment, can contribute materially toward the preparation of the special education pupil. It is at this stage that coordinated planning between the school and the rehabilitation agency is stressed, and the special education teacher needs to be aware of the role of the rehabilitation counselor. Rehabilitation can contribute directly by helping to acquaint

employers with the availability of this type of employee and by helping to banish from the public mind many of the misconceptions concerning the mentally retarded. Direct contributions can be made when rehabilitation personnel from the community meet with students to discuss the range and nature of jobs available to them, by conferring with school personnel to establish an efficient system of screening for employment, and by providing information on current occupational practices for the school curriculum.

Some Specific Suggestions

The vocational rehabilitation program is made up of many services, each of which could be explored for issues dealing with the special education student. These services include:

1. Individual evaluation with medical, psychological, and social vocational assessments.
2. Medical care and hospitalization.
3. Artificial appliances with training to use them.
4. Personal adjustment, prevocational and vocational training.
5. Provision of maintenance during rehabilitation, including transportation costs.
6. Occupational tools and equipment.
7. Selective placement and follow-up employment.
8. Counseling throughout the process.

Areas around which rehabilitation content and attitude can be introduced into special education curricula include such things as: (with no necessity for revision of course offerings or curricular modifications)

1. Planning and development of curricula (advisement from work-world point of view).
2. Development of data collection procedures.
3. Development of recording and reporting procedures.
4. Development of methods of referrals.
5. Development of prognostic procedures for evaluation of employment potential.
6. Personal-social adjustment training and/or counseling (formal and informal), including family.
7. Placement procedures and follow-up (work-study programs).
8. Community information procedures and techniques.

Rehabilitation personnel can provide consultative services to special education in these and many other areas.

For example, counseling should be accepted as an integral part of the total program of education and vocational preparation of retarded adolescents. Effective counseling and guidance can occur through both formal and informal contacts with students, and thus all persons engaged in the education and habilitation of the mentally retarded have some degree of counseling responsibility.

Informal Counseling: Informal counseling occurs when the teacher takes advantage of incidental opportunities which arise in relation to classroom activities to assist students in coping with personal, social, academic, or vocational problems. For example, during a unit on occupational information, a student may express an unrealistic vocational aspiration. The teacher, by providing the student with an opportunity to explore a broad range of possible occupational pursuits along with various job requirements is, in reality, engaging in informal counseling.

In most situations at the primary through the intermediate levels, the teacher will be the person of greatest influence in the personal and social development of the child, since he is the one who will develop the most intimate relationship with the student. The teacher is engaged in counseling to the extent that he deliberately promotes growth or works toward desirable modifications in the personal and social development of the child.

Much of the counseling of the teacher will be of the preventive type, inasmuch as he is in a strategic position to help insure that minor problems do not develop into more serious ones.

Formal Counseling: In contrast with the informal counseling carried on by the teacher within the classroom situation, formal counseling implies the service of professional persons with a specific background of training and experience in counseling and guidance who work in schools or in rehabilitation agencies or both. Formal counseling, directed at the more complex problems presented by students, requires skills and a background of training not usually held by the classroom teacher. It is, therefore, essential that the teacher have available, for support and assistance, the services of a rehabilitation counselor.

Even with respect to formal counseling, however, there must be close cooperation between the rehabilitation counselor and the classroom teacher. The teacher is often able to complement the counselor's work by making it possible for the student to implement new values and principles of behavior acquired during counseling. The work of the counselor is often directly related, for example, to the academic performance of the student in the classroom.

The services of the rehabilitation counselor become an especially important adjunct to the school program for retarded adolescents where major personal, social, and vocational problems arise as a result of the impending integration into employment and community living. Even with the more complex problems of this period, however, the teacher will be able to complement the work of the counselor. With some kinds of problems, a teacher's intimate relationship with a student may render his informal

counseling very effective. An example of cooperation between counselor and teacher can be seen in the relationship between vocational counseling and a teaching unit on occupational opportunities. While the counselor is to help the student achieve a realistic assessment of his abilities and limitations, the teacher is providing him with an opportunity of measuring these abilities against the requirements of a specific job(s). It becomes increasingly essential, however, at the secondary ages, that the skills and services of the teacher be supplemented by the provision of specialized services for vocational, personal, social, family, placement, and postschool follow-up counseling.

There probably will be many patterns by which schools and vocational rehabilitation agencies cooperate in meeting the counseling needs of mentally retarded students. The most effective pattern will probably depend on the resources of both the school and rehabilitation agency in the particular community, local conditions, and the particular needs of the students included in the program.

In another area of potential cooperation, reports indicate that rehabilitation personnel often find their work handicapped by the insufficiency of information available in the cumulative record folders of the mentally retarded students. Rehabilitation placement counselors have indicated, for example, that motor coordination and manual dexterity are often critical factors in job placement. Although the teacher cannot be expected to administer objective tests of eye-hand coordination or finger dexterity, it would be helpful if he would note, in the student's records, significant motor disabilities and above-average motor competencies. Such information would enable the counselor to take these factors into consideration in screening students for jobs where motor coordination and dexterity might be important. Working together, the teacher and counselor can map out matters of this type to observe and record.

Students' interests and parents' aspirations are important factors in vocational counseling. If these are made a part of the student records, they may well assist the counselor in gaining a better insight into a student's motivations with respect to a job choice. Should the counselor find it necessary to work with the parents, he can do so more effectively if he has some previous idea as to the aspirations they have held, or now hold, for their children. Pupil interest and parent aspirations may well, therefore, become a part of the student's cumulative records. Certainly teachers should record any occupational experiences which their students have had, since such data can be invaluable to the vocational rehabilitation counselor. A description of the jobs held, along with an evaluation of the student's performance and attitude, will assist the counselor in the exploration of placement possibilities.

An intelligence test score acquires greater value if it is supplemented by achievement test data and by the teacher's observations of the student's intellectual behavior in the classroom situation. Teachers, counselors, and other school personnel might well collaborate in determining the type of data which should be included in student records. In this way, cumulative records will acquire meaning to both teachers and counselors.

The development of adequate cumulative records is only one phase of the cooperative relationship between the rehabilitation counselor and teaching personnel. Other areas of cooperation are of comparable importance. Among these, collaboration in the development of the occupational aspects of the school curriculum, the formulation of a screening and testing program, streamlining of referral techniques, and the development of strong lines of communication.

We need to emphasize in the training of special education teachers a multi-disciplinary approach to the problems of the disabled. Disabilities are not simple entities unto themselves. They are usually complex problems which require the skills and knowledge of individuals from many disciplines to resolve, including medical, psychological, social, vocational, and educational services.

When considering the question of integration of rehabilitation content with special education teaching, we need to define what is meant by rehabilitation content. Most easily, we can define it as a description of the history of vocational rehabilitation, administrative structure and organization of the rehabilitation agencies, and a list of specific services provided. This can be accomplished with a lecture in Introduction to Special Education, or by a separate course. This is a rather limited concept however, and of limited usefulness to the special education teacher.

In a broader perspective, rehabilitation might be listed as:

1. Medical information.
2. Psychological and social aspects of disability.
3. Knowledge of vocational adjustment and placement techniques.
4. Knowledge of community resources.
5. Measurement and evaluation of the handicapped.
6. Knowledge of research relating to psychosocial-vocational adjustment.

Most of this content is not the private province of vocational rehabilitation. We have no copyright in this area. Rather than call it "rehabilitation content," perhaps we should refer to it as "core knowledge" which is essential for the effective functioning of all persons related to the disabled individual. It would be nice if elementary-level special education teachers knew all about the history, administrative organization, and services provided by vocational rehabilitation. But I'm not sure that their knowledge would materially increase their effectiveness in the classroom. However, I do feel that elementary teachers need to know and develop the perspective of the child as an adult, need to understand the eventual impact of the work-a-day world on these children, and need to know the coping mechanisms which the child must employ in adjusting to this noneducational environment and how these coping behaviors can be developed in the classroom. Call this rehabilitation content if you like. Call it special education content if you like. The specific label is unimportant. It is important that we recognize the validity of the

educational-vocational continuum of growth and development in our provision of services to disabled children.

Rehabilitation is a resource, a supporting service, which special education can utilize. Rehabilitation should begin where special education leaves off. There is a need for both groups to understand the importance of integrating their programs into the changing social dynamics of our communities and to break down the barrier of disciplinary rigidity between the services. Individuals in both the professions of special education and rehabilitation have held to and intensified their respective attitudes and operational anatomy to a degree of rigidity which is often detrimental to the client who needs the services of both. Our *theories* are satisfactory, but our *mechanics* of cooperative efforts are at fault. Rehabilitation and special education are *not competitive, but rather cooperative services* in a continuous effort.

We have heard comment on the need to change teacher attitudes toward rehabilitation content. These attitudes, however, might better be formed correctly rather than be changed. We have the ability to do so in our training programs. Information and content alone will not constitute an effective program. They must be accompanied by attention to attitude development regarding the need for close cooperation between the school and outside agencies.

We must be careful that the special education teacher training programs do not become so imbedded with tradition and bureaucratic structure that innovation and creativity are strangled in the womb and not permitted birth. It is recognized that there is no one best solution and that global recommendations are sometimes very difficult to implement since they are composed of many interrelated facets with some aspects being more difficult to achieve than others. However, we must begin by putting into effect immediately those innovations that are most amenable to change and continue to work on the more intractable ones on a long-range basis.

Special education and vocational rehabilitation training programs are not competitors, but partners. Their concern should not be for each other, but for the person they serve.

CONTENT OF SPECIAL EDUCATION METHODS COURSES—REHABILITATION OR HABITATION?

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The signs of the maturation of a discipline include the transition of the discipline from the provision of "stop gap" services to the provision of comprehensive services. These signs are prevalent in the many special education programs today. What began 10 years or more ago as a catch-all class for retarded children is now becoming an entirely different type of program. Those initial classrooms which included both trainable and educable children of all ages have now grown in many areas into definable programs on both the educable and trainable levels for age groups ranging in some cases from preschool into adulthood.

The Comprehensive Planning Projects in each state have formulated on paper, if not yet in reality, the programs needed to provide for the retarded members of our population from birth to death. Hopefully the trained personnel, funds, and public demand will soon be available to bring these plans, which at times have appeared to be dreams, into reality.

The predominant problem in most communities 10 years ago, and unfortunately still today in some communities, was the initial development of public school programs for retarded children. Often it was necessary for parents to organize and to approach boards of education for the purpose of exerting considerable pressure. Only then did we find special classes being organized. It was also the efforts of these parents, through their participation in local, state, and national programs of the Association for Retarded Children, which led to the legislation which provided the "negative commitment" monies which have been instrumental in getting school administrators and boards of education to establish special education programs in their districts.

We found that, with these outside the district monies, the administrator and board members' cry of "let welfare do it" has changed commitments of sponsorship for special classes. Unfortunately we have built on rather uncertain ground. We can be rather certain that our programs will continue to function, and in many cases grow, as long as the local districts receive large amounts of outside money to cover large portions of the extra costs incurred in operating special education programs. The action of the 1967 Nevada Legislature, which eliminated excess cost funding for special education, is an indication of how this picture can suddenly change. The special programs in that state are now facing the possibility of being cut back, particularly in the rural areas.

Today we find those who were among the initial membership of our special classes reaching senior high school age. Up until now most programs

were of the type that resulted in one or two students reaching age 16, which somehow has been determined to be the age of graduation from special classes for the mentally retarded. The basis for this decision most likely has been more related to a reverse of the old law requiring a student to attend school until age 16 rather than any sound administrative practice based upon objectives.

This brings us to the central topic of this paper: the inclusion of rehabilitation content in special education methods courses. Again we are faced with examining the philosophy of our actions. Certain questions immediately arise. What is rehabilitation content? What is rehabilitation? Whose responsibility is it? Where do we begin? Is it a short-term, open-closed situation?

First of all we should carefully examine the appropriateness of the word "rehabilitation." Does a term and its accompanying program of services which were initially established at the end of World War I and revitalized at the end of World War II really apply to high school-age retarded students? Most likely not. If we follow a rehabilitation approach we imply that the retarded or handicapped student is habilitated through childhood and up to high school age, at which time he becomes unhabilitated and in need of rehabilitation.

The difference between the approaches of the educator and the rehabilitation counselor seems to be largely one related to the length of time each expects to be involved in working with the student. While the rehabilitation counselor traditionally works on a short-term, open-closed case basis, the teacher of the retarded child must work toward a long-term goal sometimes as much as 12 years away.

We find, then, that the here and now situation faced in a rehabilitation case, which in most instances will be closed in a period of a few months, is much different from the potentially long-term situation faced when habilitation is the goal. It is this "if and when" aspect which plagues teacher trainers in all fields. Our job would be much easier if we were preparing teachers of students who were going to graduate from school immediately. The long-term aspect changes the picture. What can we tell our teacher education majors about 1980 or 1990? What will life be like then? Will our idea that everyone must be gainfully employed still be as widely valued then as it is now? What effect will automation have upon the employment situation? What about guaranteed minimum income provisions? What effect will the population explosion have upon the possibilities of employment of the retarded and handicapped student by the time he completes his school attendance? What effect will the increase of leisure time have upon the employability of the retarded and handicapped worker?

These and many other critical questions will have to be faced in the future. The 1990 date of entry into the world of work is still a long time away. It has been mentioned here only as an indicator of the complexity faced by the teacher trainer. The habilitation program as applied to the very young student can be product-oriented even though we are not sure what the final product must be like. As a starter, four things should be

included in the habilitation program for the young child: training in basic skills, understanding of his community, development of proper attitudes, and a capacity to effectively use leisure time. With an early start and emphasis upon what the child can do rather than fixation on his inabilities, we very likely will find our product much more capable of adapting to the changing world of his future than we might estimate is possible.

Today the most immediate need in many public school programs for the mentally retarded is the development of functional vocational training programs for our mentally retarded high school-age students, It is important that university students preparing to teach the mentally retarded student be familiarized with the curriculum and operation of vocational-level classes.

The present day's work value states that each person has the right to work, and the responsibility to function as a working member of society. Although this basic concept is now being seriously questioned in some circles, the general idea is that everyone must be gainfully employed.

It is desirable for the rehabilitation counselor to become familiar with handicapped or retarded students at as early an age as 14 even though law may not permit them from actively working with the students until two to four years later. The assignment of a counselor trained in mental retardation and education to the special education department of a large public school can be very helpful in coordinating the habilitation effort of the school with the rehabilitation effort following school attendance. If this counselor assigned to the public school is to be effective, he must first of all be a member of the school team and not a person who operates on a come in, take over, and leave basis.

The schools have sometimes been guilty of making unrealistic demands upon the counselors. In some districts rehabilitation has been expected to conduct the secondary school program. This type of program has often taken on the open a case, close a case aspect of nonschool rehabilitation.

Ideally, the first year of a three-year high school-level program should deal with an extension of the student's command of basic skills and development of proper attitudes and aspirations regarding the world of work. During this year, specific emphasis should be upon locating job possibilities, and job application and interview techniques.

The second year of the high school program should include the student's first experience in work. These experiences, when available, might be on the school campus in the cafeteria, maintenance department, etc., where close and constant supervision is possible. This on-campus or off-campus but protected experience should involve assignments to several types of jobs, not just one. During this second year, the student should be provided with extensive aptitude testing and work evaluation in a school-rehabilitation operated evaluation center. Work evaluation should again involve the student's participating in a specific series of realistic simulated work situations directly related to the world of work.

The third year may be devoted to work-study with the assignments (not assignment) being made off-campus in the competitive work world.

This off-campus experience may be arranged and supervised by the vocational habilitation counselor. To be fully effective, it must be coordinated with the student's in-school program. This requires frequent communication between the counselor and the student's teacher.

The training of both the senior high school-level special class teacher and the counselor should involve enough formal course work and in-the-field observation and internship experience to equip each with a basic understanding and respect for the role of the other.

The postschool phase of the program then becomes a rehabilitation responsibility. Even so, the open-closed case approach remains unacceptable for at least the first postschool year and maybe longer. Even though the graduate is successfully placed, his habilitation is not complete. Follow-up at this point may be highly instrumental in preventing the new graduate, who is initially placed in a job, from becoming a rehabilitation case.

As the world of work changes in our rapidly changing environment, rehabilitation, including retraining, may be necessary one or more times following the graduate's habilitation. If the habilitation program has been properly conducted, the later retraining or rehabilitation program should be a much easier task to complete.

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